

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014125  
STATE FILE NUMBER

FILED APR 17 1959		Registration District No. 209		Primary Registration District No. 3043		Registrar's No. 107	
1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Marion			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal				c. CITY OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hospital DOA				Length of stay in lb 66 1/4		d. STREET ADDRESS (If outside, give location) 1607 Darr St.	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		Month Day Year	
First William				Middle Alfred		Last Haydon Sr;	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 12-1-1877	
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (City and state or country) Ralls County, Mo.		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME Rufus Haydon				13b. MOTHER'S MAIDEN NAME Dora Miller		14. NAME OF HUSBAND OR WIFE Minta Collins	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO.		17. INFORMANT Minta Haydon	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ventricular fibrillation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cardiac insufficiency</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4331				INTERVAL BETWEEN ONSET AND DEATH 1			
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 11:30A on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Myrtle Nambin MD</u> (Degree or title)				22b. ADDRESS <u>Hannibal Mo.</u>		22c. DATE SIGNED 4/18/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-8-1959		23c. NAME OF CEMETERY OR CREMATORY Grand View Burial Park		23d. LOCATION (City, town, or county) (State) Hannibal, Mo.	
24. FUNERAL DIRECTOR Clark Funeral Home-Hannibal, Mo.				25. DATE RECD. BY LOCAL REG. 4/14/59		26. REGISTRAR'S SIGNATURE <u>Ed Lucke By H. Crisher</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Ralph Clark

Licensed Embalmer No. 4217

P. O. Address Hannibal, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.